Lyca Health Canary Wharf Limited

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Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Inspected but not rated
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires Improvement

Summary of findings

Overall summary

This service was previously inspected but not rated. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- Parts of the service was often reliant on agency staff to ensure safe staffing numbers were met. Paperwork was not always completed in full, before being signed by staff.
- Policies were printed and put in folders that were not updated as the polices were reviewed. Not all staff were clear about their responsibilities under the Mental Capacity Act, despite having training in this.
- The provider was not able to show that it had taken references for all the staff and doctors on practicing privileges it employed.
- Risks on the risk register were not managed promptly and staff we spoke with did not have a common understanding of the risks they faced.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic imaging	Good 	We rated diagnostic imaging as good overall. The service was rated good for safe, caring and responsive and requires improvement for well-led. We do not rate effective for diagnostic imaging.
Outpatients	Good 	We rated outpatients as good overall. The service was rated good for safe, caring and responsive and requires improvement for well-led. We do not rate effective for outpatients. The main service provided by this hospital was diagnostic imaging. Where our findings on diagnostic imaging – for example, management arrangements – also apply to outpatients, we do not repeat the information but cross-refer to the diagnostic imaging service.

Summary of findings

Contents

Summary of this inspection

Background to Lyca Health Canary Wharf Limited

Lyca Health Canary Wharf Limited is operated by Lyca Health Canary Wharf Limited and offers outpatients and diagnostic imaging services.

Outpatient services are delivered from consulting rooms and cover a range of specialities. When required, the service performed some minor procedures during outpatient appointments, under local anaesthetic. The provider offers GP services and health screening for life stages, stress assessments and corporate medicals. We did not include these in our inspection. They do not form part of our inspection or ratings other than consideration of local safety procedures.

The centre provides the following diagnostic imaging services CT scans, X-ray, mammography, MRI and ultrasound.

The provider registered this location in 2015 and we previously carried out an inspection in 2017, but the service was not rated at this time and using a different methodology. The service has a registered manager, who has been in post since 2019.

The main service provided by this hospital was diagnostic imaging. Where our findings on diagnostic imaging – for example, management arrangements – also apply to other services, we do not repeat the information but cross-refer to the diagnostic imaging service.

How we carried out this inspection

Our inspection was unannounced and we used our comprehensive inspection methodology.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a service SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service MUST take to improve:

- The service must ensure that references are taken and recorded for all staff working for the service including doctors on practicing privileges.
- The service must ensure that risks are mitigated promptly.

Action the service SHOULD take to improve:

Diagnostic imaging

Summary of this inspection

- The service should continue to work to improve substantive radiographer numbers, to reduce their reliance on agency radiographers.
- The service should ensure all paperwork is completed fully, and not just signed by staff.
- The service should ensure out of date policies are not printed and easily available for staff to use.
- The service should ensure all staff are clear about the difference between safeguarding and mental capacity and ensure staff know how to support best interest decisions for patients who lack capacity to make decisions about their own care.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic imaging	Good	Inspected but not rated	Good	Good	Requires Improvement	Good
Outpatients	Good	Inspected but not rated	Good	Good	Requires Improvement	Good
Overall	Good	Inspected but not rated	Good	Good	Requires Improvement	Good

Good

Diagnostic imaging

Safe	Good
Effective	Inspected but not rated
Caring	Good
Responsive	Good
Well-led	Requires Improvement

Are Diagnostic imaging safe?

Good

This service was previously inspected but not rated. We rated safe as good.

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

Staff received and kept up to date with their mandatory training. Staff told us they did not always have time to complete all their training during working hours and so did it at home. They told us when this happened, they were able to claim the time back. At the time of our inspection, both substantive members of the team were up to date with their mandatory training.

The mandatory training was comprehensive and met the needs of patients and staff and was offered as a mixture of face to face learning and e-learning.

Managers monitored mandatory training and alerted staff when they needed to update their training, they were supported to do this by an electronic system that monitored training compliance.

Managers of the service also monitored completion of mandatory training for medical staff. Medical staff working under practicing privileges were required to submit evidence to show they had completed their mandatory training in their role with the NHS or another provider.

Safeguarding

Staff understood how to protect patients from abuse and had plans to work with other agencies to do so.
Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training specific for their role on how to recognise and report abuse. Safeguarding training for adults and children formed part of the mandatory training programme.

Staff knew how to identify adults at risk of, or suffering, significant harm and knew how to raise their concerns to the safeguarding lead for the organisation.

Good

Diagnostic imaging

The service had clear processes on escalating concerns, this process included who to contact, both within the service and external safeguarding contacts.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act 2010.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. The service used a contracted cleaning service for daily and regular deep cleanings. Managers monitored cleanliness through auditing.

The service performed well for cleanliness and audit results showed they were meeting their cleanliness standards.

Cleaning records were up to date and demonstrated that all areas were cleaned regularly. Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. Radiographers were responsible for cleaning the diagnostic equipment. Staff used cleaning products in line with best practice standards. Cleaning records reviewed were up to date and demonstrated that areas were cleaned regularly. Radiographers were responsible for daily cleaning of the MRI and CT scanning rooms and told us they were regularly cleaned.

Staff followed infection control principles including the use of personal protective equipment (PPE).

The ultrasound machine, which was used for invasive procedures, had a specific log to record how it had been decontaminated and which cleaning products had been used, in line with best practice.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

The service had suitable facilities to meet the needs of patients. All diagnostic imaging rooms were situated on the ground floor. There were lockable changing rooms to keep patient possessions safe during scans, one of which was wheelchair accessible. There was a separate waiting area in the diagnostic imaging department.

In each changing room and patient toilet there was an emergency call bell in case patients needed assistance. The cords for these reached to the ground so patients could reach call bells in an emergency. They were regularly checked to ensure they were working.

The design of the environment mostly followed national guidance. Managers ensured the design of the service for CT, X-ray and mammography was in line with the Ionising Radiation (Medical Exposure) Regulations 2017 IR(ME)R 2017) and Ionising Radiation (Medical Exposure) Regulations 2000/2018. These scanning rooms had control measures, including warning lights and signage to identify areas where radiological exposure was taking place. This ensured that staff and visitors did not accidentally enter a controlled zone when there was exposure to radiation.

However, the MRI room did not clearly have the edge of the magnetic field clearly labelled, nor were the magnetic field lights working. This meant the room was lacking clear visual prompts that caution should be taken before entering the scanning room. Following the inspection we were told the signage around MRI had been amended to reflect the safety requirements.

Staff carried out daily safety checks of specialist imaging equipment. Each imaging machine had its own quality assurance checks, which were in line with manufacturer guidance. We saw records demonstrating that these were completed. There were also service contracts with manufacturers to get the imaging machines serviced regularly.

Not all electrical equipment was labelled as being tested for safety. We found a blood pressure machine that was overdue for electronic safety testing. The scanner was due for testing in March 2022 but there was no indication this had been completed.

The service had a lead apron for relatives or carers to wear if a patient needed to be accompanied during a scan. This apron was checked annually to ensure it was safe.

The design of the ultrasound suite prioritised patient privacy. The suite had a self-contained changing room and toilet. This meant if patients had undergone intimate exams, they had access to a dedicated toilet and did not have to walk in public corridors while in a gown.

Staff disposed of clinical waste safely. All bins were clearly labelled and had the correct bin bags in them. However, in the patient toilet the pedal to open the bin was not working. Therefore, patients had to touch the bin lid after washing their hands to dispose of paper towels.

All equipment in the imaging area was labelled to clearly show whether it was safe to go in the MRI room or not, as per MHRA requirements.

Assessing and responding to patient risk

Staff asked patients to complete risk assessment questionnaires, when needed, and removed or minimised risks. Staff knew how to quickly act to care for patients at risk of deterioration.

Staff completed risk assessments for each patient who was prescribed contrast media. Contrast media is known to sometimes cause an allergic reaction and can only be used if a blood test shows adequate kidney function. Therefore, prior to injecting the contrast, a questionnaire was completed to identify any potential risk factors. Additionally, due to the increased risk of an allergic reaction, scans needing the dye were only booked when there were two radiographers on site, and a doctor. This was so that if a reaction happened, there were adequate staff available to care for the patient until emergency services could take over.

All patients receiving a magnetic resonance imaging (MRI) scan were required to complete MRI safety questionnaires to ensure a safe scan.

Staff knew how to respond promptly to any sudden deterioration in a patient's health, radiographers were trained in intermediate life support, in case a patient had an allergic reaction to the contrast dye that was sometimes used in scans. As a lot of emergency care equipment is not safe to use in MRI scanning rooms, staff rehearsed evacuating a deteriorating patient from the MRI scanning room every year. There was an emergency medicine kit in the control room for CT and MRI to allow for quick access, this was regularly checked in line with policies.

Good

Diagnostic imaging

We were told the service had kits to care for patients if extravasation occurred. Extravasation is when medicines meant to be injected into a vein are injected into the tissue surrounding the vein instead and can cause pain. However, the extravasation kits were not in the scanning rooms where injections were completed.

The service used the Society of Radiographers 'Pause and Check' system. 'Pause and Check' consisted of the three-point demographic checks to correctly identify the patient, as well as confirming with the patient the site to be imaged, details of any previous imaging and for the operator to ensure the correct imaging modality was used. We observed staff using the three-point demographic checks and refusing to image a patient who had recently had a similar image taken elsewhere.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment, but was reliant on agency and locum staff to achieve this.

The service only had two full time radiographers permanently based at the service to run a safe CT, MRI and X-ray service. They also had one lead radiographer, who worked across two sites. They worked with safe numbers of radiographers by using agency radiographers to cover annual leave or sickness, but were reliant on their availability.

The mammography suite had its own staffing pool, this was shared with the service's sister site.

Managers told us they made sure agency staff had a full induction, understood the service and, where possible, they used the same staff for long periods of time. However, we found that agency staff competency packs were not always fully completed and signed for. We were told the training had happened, but the paperwork had not been completed.

The service was attempting to recruit more full-time radiographers to fill vacancies and was working with an agency to support this.

The service was supported by the outpatient department to offer chaperones for scans, particularly intimate ultrasound scans.

Medical staffing

The service had enough radiologists with the right qualifications, skills, training and experience to ensure images were reported on within the service's own timeframes and requests were justified.

The service had enough radiologists to report on images to ensure they worked withing their own turnaround times.

Radiographers told us radiologists were contactable and responsive to requests for support or queries they had.

The service worked with the outpatient service to ensure higher risk scans were planned at times that there was clinical support available on site. Additionally, scans that required medicines to be prescribed throughout the scan, such as cardiac CT scans, had a clinician present throughout the scan for immediate support to be available.

Records

Staff kept detailed records of patients' scans. Records were clear, up to date, stored securely and easily available to all staff providing care.

Good

Diagnostic imaging

Patient imaging records were comprehensive and all staff could access them easily. They were stored electronically and any paper checklists were scanned into each electronic record, shortly after the scan had been completed.

Records were stored securely. We observed staff logging out of the electronic patient record system when they were not working on something. As a result, records were secure, as they were password protected.

Not all paperwork was completed fully, in line with policies. We reviewed 10 pregnancy consent forms and found the information to be incomplete on seven of them. The form required that a radiographer record the reason they were sure a patient was not pregnant if they were of childbearing age. We found this was only fully completed on three checklists, with the seven others just being ticked.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines.

Staff followed systems and processes to prescribe and administer medicines safely. In diagnostic imaging there were very few medicines prescribed. The most frequently prescribed medicine was image contrast, a dye used to improve image quality for some scans. This was prescribed by the doctor who agreed each scan was needed at the time they approved the scan.

For some scans, such as cardiac CT scans, other medicines were required to control a patient's heart rate. Due to the risk this posed to patients, a clinician was always present throughout these scans to ensure the prescription was optimised for each patient.

Staff followed the policy on contrast administration. The contrast media was warmed through the injector in line with best practice. Staff completed records accurately, including the contrast safety questionnaire where applicable.

The service kept emergency resuscitation medications. Records showed the contents of the grab bag were checked regularly, including to ensure medications were in date and the right quantities were present.

The service audited their compliance with safe medicine usage and storage. In the past three months, they had achieved 100% compliance with their policies.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team. When things went wrong, staff apologised.

Staff knew what incidents to report and how to report them and told us they raised concerns and reported incidents and near misses in line with the service's policy. However, in the service's audits there were a number of x-rays which were taken that required repeating for various reasons. None of these had been reported as incidents, and so themes and trends could not be identified by managers.

Staff understood the duty of candour. They were open and transparent, and gave patients and families a full explanation if and when things went wrong.

Managers investigated incidents thoroughly. Staff received feedback from investigation of incidents.

Good

Diagnostic imaging

Staff met to discuss the feedback and look at improvements to patient care. Actions and changes were discussed at staff meetings and at governance meetings.

There was evidence that changes had been made as a result of feedback.

Are Diagnostic imaging effective?

Inspected but not rated

We do not rate effective for diagnostic imaging.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice.

Staff had access to up to date policies to deliver high quality care according to best practice and national guidance. However, we found out of date policies printed in the department. We raised this with managers who clarified staff were not encouraged to print policies, for this reason.

We observed staff completing pre-imaging checks in line with Society of Radiographers (SoR) guidance. This included observing a patient have their scan cancelled as a similar image had been taken recently and it was agreed by the radiographer that another image would not give any new information.

The service had local rules for each imaging area. Local rules are documents which explain the safety requirements of each area with imaging equipment. Not all sets of local rules were signed by the staff who were working in that area, the local rules for CT and MRI had not been signed by any staff, this was not in line with the service's radiation safety policy.

The service had clear dose reference levels for staff to work within to ensure they were taking high quality images but not giving too much radiation dose. If staff needed to exceed the average dose references, they told us they reported this.

Staff were clear about what to do if there was an incidental finding in an image. Sometimes a scan is taken for one purpose, but a different potential diagnosis is made, this is an incidental finding. Staff were able to describe how they had supported patients to urgently access care or had requested approval to extend scans to ensure accurate diagnoses could be made without a full rescan being required.

Nutrition and hydration

Due to the nature of the service, staff were not required to provide patients with food and drink. There was a water machine in the waiting area which all patients could access.

Pain relief

Staff ensured patients were as comfortable as possible for imaging.

Patients were only in the department for a short period of time and staff did not routinely prescribe pain relief. For patients requiring a biopsy, the referring clinician used a local anaesthetic to manage pain, which staff recorded in the patient record. Staff in scanning areas made sure patients were in positions that were comfortable and provided cushions and support when this was possible.

Good

Diagnostic imaging

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

The service worked through a local audit calendar to assess their effectiveness and to check for improvement over time. They reviewed their radiation doses, their medicines management, reporting accuracy and turnaround time for reports to be written.

Managers and staff sometimes used the results to improve patients' outcomes. For example, where there were queries as to patient positioning in the reporting audit, these were highlighted for future practice by radiographers. However, the imaging dose audit identified instances where no dose was recorded or the dose was above expected levels and there was no action plan provided to identify how the service was improving this.

Managers used information from the audits to improve care and treatment. For example, for mammogram reporting, the service was meeting their target for report turnaround times but were continuing to work to reduce the target time further.

Managers shared and made sure staff understood information from the audits.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. All healthcare professionals were registered with their relevant professional organisations.

Managers gave all new staff a full induction tailored to their role before they started work.

Managers supported staff to develop through yearly, constructive appraisals of their work and identified any training needs. They tried to give them the time and opportunity to develop their skills and knowledge. If staff had to complete training in their own time, they were able to claim this time back.

Managers made sure staff attended team meetings or had access to full notes when they could not attend.

Managers made sure staff received any specialist training for their role and arranged for specialist consultants to give talks to staff to support their understanding of certain pathways.

Multidisciplinary working

All staff groups worked together as a team to benefit patients. They supported each other to provide good care.

Patients could see all the health professionals involved in their care at one-stop clinics. For the breast care clinic, there was a clear diagnostic pathway. A multidisciplinary team huddle was held before patients were seen on the day to ensure all staff were up to date on the patient's care plan and had reviewed the patient's history

Good

Diagnostic imaging

We observed cooperative and supportive working between radiographers, nurses and doctors to care for patients efficiently and safely. Administrative staff were praised by all staff for their commitment to book appointments safely and at times they could be accommodated.

Seven-day services

Key services were available to support timely patient care.

The X-ray, MRI and CT service worked from Monday to Friday from 8AM to 7:30PM. The mammography service worked on a Monday morning only, due to demand. The ultrasound service was available as per consultant clinic availability. The service did not offer an emergency scanning service and therefore, all appointments were booked, at patient convenience.

Health promotion

Staff gave patients practical support and advice to lead healthier lives.

The service had relevant information in waiting rooms and changing rooms reminding patients to tell staff if they could be pregnant.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff knew when and how to assess whether patients were able to consent to scans. However, they were unclear about what to do if patients did not have capacity to consent.

Staff told us they gained consent from patients for their care in line with legislation and guidance and we observed them speaking to patients about the benefits and risks of imaging.

Clinical staff received and kept up to date with training in the Mental Capacity Act and identifying patients who may not have capacity to make decisions, there was a policy to support this. However, not all staff were clear about how this applied to their work area and were not clear about the difference between a concern about mental capacity and a safeguarding concern.

Staff told us if they were concerned about a patient's capacity to consent, they would raise it with the referring clinician and the safeguarding lead. They then went on to say they would speak with relatives about consenting for a scan, but made no mention of best interest decision making or checking the relative had the legal right to make a decision for that patient.

Due to the nature of the care delivered in the service, patients were not ever subjected to Deprivation of Liberty Safeguards.

Are Diagnostic imaging caring?

Good

This service was previously inspected but not rated. We rated caring as good.

Good

Diagnostic imaging

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way.

Patients said staff treated them well and with kindness.

Staff mostly followed policy to keep patient care and treatment confidential. In one unlocked room, we found a patient list with identifiable information on, in a notebook that was not secured. This was immediately removed and we were told it was a mistake.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when describing caring for or discussing patients with additional needs.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. There were clear offers of chaperones throughout the service, including on the front desk and staff told us they would try and accommodate patient requests for specifically gendered radiographers to make patients comfortable. If there was no way to do this, patients were given the option to rebook on another day.

We observed a radiographer considerately counselling a patient about why an image could not be taken, as another similar image had been taken recently. The patient was distressed as they had wanted the report quicker than they would receive it from the other service. The staff member offered, with the patient's consent, to contact their GP to explain the reasons and to ask for the other imaging report to be sped up.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

Staff gave patients and those close to them help, emotional support and advice when they needed it. The clinical nurse specialist working in the breast care clinic was specifically trained in counselling and offering psychological support to patients who were on the pathway, to support their mental wellbeing.

Staff described being tactful when breaking potentially bad news and demonstrated empathy when having difficult conversations. We observed a radiographer tactfully and clearly explaining to a patient why they were not able to take their image, even though another health care professional had told them it would be ok.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them.

Understanding and involvement of patients and those close to them

Staff supported patients, families and carers to understand their condition and make decisions about their care.

Staff made sure patients and those close to them understood their care. Before having a scan, radiographers checked with patients if they knew the reason for the scan.

Good

Diagnostic imaging

Patients and their families could give feedback on the service and their treatment and staff supported them to do this.

Patients gave consistently positive feedback about the service.

If patients we self-paying, administrative staff made them aware of all costs before they booked the appointment. These costs were also available on the service's website.

Are Diagnostic imaging responsive?

Good

This service was previously inspected but not rated. We rated responsive as good.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of its patient groups. It also worked with others in the wider system and local organisations to plan care.

Managers planned and organised the service to meet the needs of people who used it. Patients were able to book their appointments in a timely manner and at a time that was convenient for them.

When possible, the service minimised the number of times patients needed to attend the hospital, by ensuring patients had access to the required staff and tests on one occasion. They had set up a one stop breast clinic for symptomatic breast patients in which patients could have a mammogram, a consultation and a biopsy, if necessary, all in one morning.

Facilities and premises were appropriate for the services being delivered.

Managers ensured that patients who did not attend appointments were contacted. There was a policy to contact any patients who had missed their appointments, to check they were ok. This was actioned by the administration team.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

The clinic was step free from the street to all clinical areas. There were toilets which could be accessed by people using a wheelchair or a walking aide.

Patients had access to a locked changing room to store their personal belongings during scans. There was a comfortable and quiet seating area in the diagnostic imaging department and toileting facilities for patients and visitors.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. This included verbal and sign language translation services.

Good

Diagnostic imaging

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times for treatment were in line with national standards.

The service did not have waiting lists for diagnostic imaging. Patients were mostly offered appointments within a day or two of their referrals, with some exceptions for complex procedures that needed a higher clinical input. Appointments were scheduled based on the patient's preference, in liaison with administration teams.

The breast clinic was run once a week, we were told there were plans to increase this, when demand increased.

The service was open during the evenings to ensure appointments were available for patients who worked.

Managers worked to keep the number of cancelled appointments to a minimum. However, due to limitations in the booking system we were not able to determine precisely whether appointments were cancelled by patients or the service.

When patients had their appointments cancelled at the last minute, managers made sure they were rearranged as soon as possible.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Patients, relatives and carers knew how to complain or raise concerns.

The service clearly displayed information about how to raise a concern in patient areas.

Staff understood the policy on complaints and knew how to handle them.

Managers investigated complaints and identified themes. We reviewed the complaints log and some individual complaints. We saw that all complaints were acknowledged within the designated target of 24 hours. They were then investigated and responded to within 28 days per the provider's policy. The log showed the type of complaint, the location and service, the investigating officer, and actions. We saw that patients were kept informed of the progress of their complaint and were offered a choice of possible resolutions.

The service was registered with an independent complaints body to which they could signpost patients should they be dissatisfied with the outcome of their initial complaint.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. The customer services manager told us they had worked with the reception team to improve their handling of complaints raised verbally and they were often able to deal with any issues patients raised promptly, without them having to go through the formal complaints process.

Managers shared feedback from complaints with staff and learning was used to improve the service. The customer services manager, who had oversight of complaints, told us the complaints log was reviewed by the Medical Advisory Committee (MAC) as part of the standing agenda. Learning was shared more widely in the head of division meetings.

Good

Diagnostic imaging

Staff could give examples of how they used patient feedback to improve daily practice.

Are Diagnostic imaging well-led?

Requires Improvement

This service was previously inspected but not rated. We rated well-led as requires improvement.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.

The leadership team for the service consisted of the chief executive officer, chief operating office and governance lead, senior nurse, compliance officer and the financial accountant.

Staff we spoke with told us that the leadership team was visible and supportive. Staff were given opportunities to develop their practice and learn new skills.

Staff understood the reporting structures of the service and told us they were well supported by their managers. Managers told us they felt supported by the senior leadership of the organisation and that they were approachable and contactable.

There was an radiology lead, who ran the service. They were predominantly based at another site, but we were told by staff they were always contactable and made themselves available when needed.

The imaging manager was part of a wider leadership team, who were shared with the outpatient department.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

The providers vision was; 'To develop centres of excellence, delivering multi-speciality consultation, diagnosis and treatment within the communities we serve.' The provider described its mission as: ' To provide patients with high quality, innovative healthcare in a safe and personable environment.'

The vision and mission were supported by a set of core values; 'Treat patients with compassion, respect, honesty and dignity. Conduct ourselves with integrity and strength of character whilst practising ethical evidence-based care.' We found that staff were aware of the organisation vision and values and they told us they did their best to work towards them.

The vision and strategy of the organisation was displayed on the website and on the notice board within the centre for staff, patients and visitors to see.

Good

Diagnostic imaging

Staff we spoke with were committed and passionate about providing the best possible service to patients. We found that managers we spoke with were more focused on quality than cost and profit.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.

All staff we spoke with were happy working in the service. Staff enjoyed the company of their co-workers and the different teams worked together to put the needs of the patient first. The provider had a low sickness absence of 1% for the 12 months prior to our inspection. However, the provider had a high turnover rate with over 50% of permanent staff leaving in the last 12 months.

Staff surveys were undertaken on a regular basis. However, the surveys were not conducted by an external company and staff could not be assured of the confidentiality of their responses.

The provider had completed a staff survey in July 2022 with positive results overall. To the statement 'I enjoy the company culture' 13 of 16 respondents had 'agreed' or 'strongly agreed'. To the statement ' I am proud to work for Lyca Health' 15 of 16 of respondents had 'agreed' or 'strongly agreed'. To the statement 'I would recommend Lyca health as a good place to work', 14 of 16 respondents had 'agreed' or 'strongly agreed'.

The management team promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. The service's culture was centred on the needs and experience of patients. This attitude was reflected in staff we spoke with during the inspection.

Staff we spoke with told us that they work well with consultants most of the time but if there are issues, management are supportive and will do their best to resolve issues to ensure a good culture of collaboration. Staff gave examples where they had received small presents on their birthday or where working hours had been adapted to accommodate a staff members home life.

We observed staff raising concerns about the need to take an image that had been justified by a radiologist without hesitation. They were supported in the decision by their manager and were thoughtful in how they spoke with the patient to explain the cancellation to them.

Staff told us they were able to develop in their roles and had been offered training and support to do so. Although both substantive members of the team were leaving the service at the same time, we were told this was a coincidence and they were moving on to new opportunities for further career development.

Governance

Leaders usually operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

The provider had all its key management posts filled by competent staff, with operational, finance and HR leadership. The provider had a Medical Advisory Committee (MAC) in place. We reviewed the minutes of the last three MAC meetings. The meetings were attended by all relevant staff and key issues were part of the agenda. The MAC was meant to be four times a year but had only met twice a year for the last two years due to key members not being available.

Good

Diagnostic imaging

The provider had a Clinical Governance Committee made up of the Registered manager/nurse lead/lead mammographer/health screen doctor/radiology department lead/infection control lead. This group discussed and acted upon the key clinical issues and risks for the provider.

The provider had effective systems, such as audits and risk assessments, to monitor the quality and safety of the service. Staff were clear about their roles and responsibilities. Managers told us learning was circulated to staff. All staff members had a work email account and managers ensured updates were sent to staff via email.

The provider held a 'Daily Huddle' of senior managers at 11am each day to discuss and resolve operational issues.

All staff meetings were held quarterly but the provider would call a special meeting if there was important learning to share.

Each month, there was a clinical team meeting chaired by the COO. There was a head of department meeting every quarter.

The provider used an external company who worked with them to up-date all their policies every two years. In addition, the external company was contracted to up-date any policies if there had been changes in national guidance.

We examined three staff and three consultant records and found that DBS and Identity checks had been properly completed. However, five of these records did not have two personal references on file. The provider told us that the references had been taken but had not been transferred over to the new IT system.

Staff were clear about their roles and understood what they were accountable for. All clinical staff were professionally accountable for the service and care that was delivered within the provider.

The provider had a Caldicott Guardian in post who was responsible for protecting the confidentiality of patients' information and enabling appropriate information-sharing.

The provider had recently appointed a Freedom to Speak up Guardian who was awaiting the appropriate training before starting their role.

There was a quarterly radiology team meeting, which covered standard agenda items such as, staffing numbers, equipment, relationships with consultants and CPD. Staff told us incidents and learning from complaints and concerns were discussed at these meetings, however, this was not recorded in the meeting minutes. Therefore, if staff missed the meetings they would miss out on the communications.

The service had a radiation safety policy, radiation risk assessment and had a service level agreement defining the support from an external service to provide radiation protection advisor and medical physics expert advice and support.

The service had a radiation protection committee, that had reformed in 2022. The committee met in March 2022 and intended to meet annually moving forwards.

Good

Diagnostic imaging

Management of risk, issues and performance

Leaders and teams did not always use systems to manage performance effectively. They did not always identify and escalate relevant risks and issues and identify actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

There was a systematic programme of clinical and internal auditing to monitor quality and operational processes. We were told the risk register was reviewed annually by each department lead, however, the risk register we were provided did not reflect this had been happening. It appeared risks were reviewed as and when needed and it was not clear that some risks had been reviewed at all, despite being on the risk register for a number of years. We reviewed the risk register and found that the three highest scoring risks were;

1. Provider's 'equipment was not serviced within the recommended periods which may render equipment unsafe and out of warranty'.
2. The 'Fire Risk Assessment' had not been completed by a competent person or updated since it was produced in 2015. This renders the actions of staff as inadequate in following procedures in responding to a potential fire situation.'
3. As a result of the pandemic. 'This has a total business effect as government regulations can dictate the volume of business coming into the centre due to public Lockdowns. It will have a direct effect on the staff safety as well '.

In addition, these risks had been on the register for a number of years and it was not clear that mitigating action had been taken promptly.

However, staff we spoke with told us that their highest risks were concerning the use of contrast agents and the availability of equipment for taking multiple biopsies.

The service manager knew the risks in diagnostic imaging, but this was not reflected on the risk register. We were told the biggest risk to the service was the staffing, as the substantive staff were leaving and they were struggling to find suitable candidates to replace them. There was a plan to maintain safe staffing levels and the service was working with a hiring agency to find suitable candidates, but this was not reflected on the risk register.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

The provider had an appointed Data Protection Officer who was responsible for overseeing the proper care and use of patient information. There was also an Information Governance Lead Coordinator. The provider used an external company to audit its IT security. The provider held a Cyber Essential plus certificate.

Staff understood the requirements of managing a patient's personal information, in accordance with relevant legislation and regulations. General Data Protection Regulations (GDPR) had been reviewed to ensure the service was operating within regulations. All staff had completed training about information governance and data protection.

Good

Diagnostic imaging

Staff had access to provider policies and resource material through the internal computer system. Staff could locate and access relevant and key records, this enabled them to carry out their day to day roles. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements.

Engagement

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

The provider undertook regular patient surveys. Patients were asked to score their experience from one to four stars with four stars being the best experience. For the period August 2022 to October 2022 out of 14 responses from patients who had been scanned,13 gave a rating of four stars and one gave a rating of three stars.

For the period August 2022 to October 2022 out of 42 responses from patients who had attended the outpatient service, 38 gave a rating of four stars and four gave a rating of three stars.

The service collaborated with partner organisations to help improve services for patients. For example, they maintained good relationships with patients GPs to ensure referrals were promptly followed up and results of tests shared.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

Staff told us they were offered and encouraged to continually learn and develop and were offered courses to support their learning.

The provider was externally certified as being compliant with ISO 9001/2015 up to June 2023. We found that the provider had identified a number of opportunities to improve the service it provided to patients.

Following a request from the breast surgeon group, the provider invested in an MRI breast coil and organised additional staff training to use it. This then meant that patients seen in the one stop clinics who may have been referred on for MRI, can now have their MRI scans at the provider rather than having to go to another site. Occasionally, this can be accommodated on the same day as their breast clinic appointment.

The provider worked with an external provider to ensure improved Electrocardiogram (ECG) outcomes for patients. Patients now receive their ECG equipment with all the required information and items needed to perform the test for up to seven days. Within the kit, patients receive a pre-paid envelope which they place the device after completion of the test and send it back to the external provider, who then undertake the reporting and send the results securely back to the provider. These devices are small, simple and liked by patients.

Good

Outpatients

Safe	Good
Effective	Inspected but not rated
Caring	Good
Responsive	Good
Well-led	Requires Improvement

Are Outpatients safe?

Good

This service was previously inspected but not rated. We rated safe as good.

For assessing and responding to patient risk, medicines, and incidents, please see diagnostic imaging.

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

Staff received and kept up to date with their mandatory training. Records showed that mandatory training compliance was 100% at the time of inspection.

The mandatory training was comprehensive and met the needs of patients and staff.

Managers monitored mandatory training and alerted staff when they needed to update their training.

See information under this sub-heading in the diagnostic imaging section of this report.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training specific for their role on how to recognise and report abuse. All clinical staff were trained to Level 3 safeguarding. The safeguarding lead was the registered manager, who was also trained to level 3.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. However, the registered manager demonstrated a limited understanding of identifying potential safeguarding issues as when we asked them, they talked about having chaperones.

Good

Outpatients

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. The service did not see any patients under the age of 18.

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained.

The service generally performed well for cleanliness. Regular IPC audits were undertaken to ensure there was oversight of the adherence to IPC protocols. We viewed the audit for August 2022 and saw the compliance rate was 97%. Areas for improvement were identified. We also saw a hand hygiene audit for August 2022 which showed a compliance rate of 95%. Actions were identified where required.

Cleaning records were up to date and demonstrated that all areas were cleaned regularly.

Staff followed infection control principles, including the use of personal protective equipment (PPE). Masks were mandatory for staff and patients.

Staff cleaned equipment after patient contact and we saw that they labelled equipment to show when it was last cleaned.

There were disposable curtains in the consulting rooms. Appropriate handwashing facilities were available in the rooms and there was hand sanitiser in the waiting areas.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

The design of the environment followed national guidance.

Staff carried out daily safety checks of specialist equipment. There were service level agreements in place for the servicing and maintenance of specialist equipment. We saw that portable appliance testing was completed annually.

We checked a sample of disposable stock, including three each of needles, syringes and scalpels and found all were in date.

The service had suitable facilities to meet the needs of patients' families.

The service had enough suitable equipment to help them to safely care for patients. We checked the sluice area and saw there was a three-step cleaning process and a one-way system. There was a spill kit available for larger spills.

Staff disposed of clinical waste safely. We saw the sharps bins were dated, and clinical waste and general waste bins were clearly labelled.

We saw that substances subject to COSHH requirements were suitably stored, and there was completed risk assessment documentation. There were monthly checks of expiry dates and stock levels which was also held electronically.

Nurse staffing

The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.

The service had enough nursing and support staff to keep patients safe. There was one senior nurse and two deputies.

The manager could adjust staffing levels daily according to the needs of patients.

The number of nurses and healthcare assistants matched the planned numbers.

The service had low vacancy rates.

The service had high turnover rates.

The service had low sickness rates.

The service had low rates of bank and agency nurses. Data for October 2022 showed that 8% of shifts were filled by bank and agency staff.

Managers limited their use of bank and agency staff and requested staff familiar with the service.

Managers made sure all bank and agency staff had a full induction and understood the service.

Medical staffing

The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

The service had enough medical staff to keep patients safe. Consultants all worked for the service under practising privileges. There were around 49 consultants working for the service under practising privileges. The Medical Advisory Committee (MAC) chair told us they reviewed their consultants regularly and ensured there were a range of specialties covered.

The service had low vacancy rates for medical staff. There was a vacancy for a consultant dermatologist at the time of inspection.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up to date, stored securely and easily available to all staff providing care.

We checked a sample of five patient records and found that they were comprehensive. Staff could access patient notes easily.

Good

Outpatients

When patients transferred to a new team, there were no delays in staff accessing their records.

Records were stored securely.

Consultants dictated their clinical letters and a copy of the letter was uploaded to the patient record at the clinic, as well as to the patient and the referring clinician.

Are Outpatients effective?

Inspected but not rated

We do note rate effective for outpatients.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. We saw that policies referenced national guidance. There was a system in place to review policies and we found that all were within their review date at the time of inspection.

The provider used a digital portal to store and update policies and all staff had access to this.

Staff used an adapted version of the World Health Organisation (WHO) surgical safety checklist to monitor safety standards for minor procedures carried out in outpatients, such as skin tag removals.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.

Staff prescribed, administered and recorded pain relief accurately.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

The service did not routinely monitor or audit clinical outcomes for outpatients. However, patient feedback on their treatment was monitored and showed that patients felt they had positive outcomes.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Good

Outpatients

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. The senior team encouraged staff to undertake professional development, including advanced competencies for clinical staff. Staff spoke positively about this and told us they were happy with training and development opportunities.

Managers gave all new staff a full induction tailored to their role before they started work. All staff completed an induction on joining the service. The induction included local processes and those applicable to the provider's Orpington location as some staff worked across both sites.

Managers supported staff to develop through yearly, constructive appraisals of their work.

Consultants seeking practising privileges were approved through the Medical Advisory Committee (MAC).

Managers made sure staff attended team meetings or had access to full notes when they could not attend.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge.

Managers made sure staff received any specialist training for their role. One nurse gave us an example of training they had undergone for their role, which included ECG competencies.

Multidisciplinary working

Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care.

Patients could see all the health professionals involved in their care at the one-stop breast clinic.

Seven-day services

Key services were available to support timely patient care.

The service opened 8am-8pm Monday to Friday and opened a half day on Saturdays. This fit in with patient demand and allowed flexibility for people to come after work.

Health Promotion

The service offered health assessments and had dedicated health assessment rooms.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Consent was recorded on the registration form which was completed by patients on arrival.

Good

Outpatients

Staff made sure patients consented to treatment based on all the information available.

Are Outpatients caring?

Good

This service was previously inspected but not rated. We rated caring as good.

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way.

Patients said staff treated them well and with kindness. The service gave a feedback form to patients at the end of their appointment and we saw comments included “Excellent very friendly”, “First class as always”, “Excellent and very professional” and one patient commented that the nurse they saw was “Thorough and really the best nurse I have ever met”.

Staff followed policy to keep patient care and treatment confidential.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

Staff gave patients and those close to them help, emotional support and advice when they needed it.

Staff understood the emotional and social impact that a person’s care, treatment or condition had on their wellbeing and on those close to them.

Understanding and involvement of patients and those close to them

Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

Staff made sure patients and those close to them understood their care and treatment.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this.

Good

Outpatients

Staff supported patients to make advanced decisions about their care.

Staff supported patients to make informed decisions about their care.

Patients gave positive feedback about the service.

Are Outpatients responsive?

Good

This service was previously inspected but not rated. We rated responsive as good.

For Meeting people's individual needs and Learning from complaints and concerns, please see diagnostic imaging.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Managers planned and organised services so they met the changing needs of the local population. The service was based in Canary Wharf and largely served people working in the area.

Facilities and premises were appropriate for the services being delivered. There was a dedicated room for ear suction procedures, an audiology room, and cardiology rooms with equipment for ECGs, echocardiography and stress testing.

The service had systems to help care for patients in need of additional support or specialist intervention.

Managers monitored and took action to minimise missed appointments.

Managers ensured that patients who did not attend appointments were contacted.

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.

Patients were referred in by their GP or private consultant. The service exclusively saw private patients, they did not have any NHS contracts.

Patients could usually get an appointment with their preferred clinician within one week of referral. Appointments could be booked by the consultants' secretaries or by the clinic.

When patients had their appointments cancelled at the last minute, the consultants' secretaries made sure they were rearranged as soon as possible.

Good

Outpatients

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Patients, relatives and carers knew how to complain or raise concerns.

The service clearly displayed information about how to raise a concern in patient areas.

Staff understood the policy on complaints and knew how to handle them.

Managers investigated complaints and identified themes. We reviewed the complaints log and some individual complaints. We saw that all complaints were acknowledged within the designated target of 24 hours. They were then investigated and responded to within 28 days per the provider's policy. The log showed the type of complaint, the location and service, the investigating officer, and actions. We saw that patients were kept informed of the progress of their complaint and were offered a choice of possible resolutions.

The service was registered with an independent complaints body to which they could signpost patients should they be dissatisfied with the outcome of their initial complaint.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. The customer services manager told us they had worked with the reception team to improve their handling of complaints raised verbally and they were often able to deal with any issues patients raised promptly, without them having to go through the formal complaints process.

Managers shared feedback from complaints with staff and learning was used to improve the service. The customer services manager, who had oversight of complaints, told us the complaints log was reviewed by the Medical Advisory Committee (MAC) as part of the standing agenda. Learning was shared more widely in the head of division meetings.

Staff could give examples of how they used patient feedback to improve daily practice.

Are Outpatients well-led?

Requires Improvement

This service was previously inspected but not rated. We rated well-led as requires improvement.

Please see diagnostic imaging for details of Well-Led.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The service did not ensure good policy control was maintained, when policies were printed. We found policies printed which were out of date, despite updated versions being available on the intranet. The service was not able to evidence that they always gathered references in line with policy for all members of staff. The service did not maintain a clear risk register which demonstrated proactive management of risks with defined time frames for all risks to be reviewed. A number of risks had been on the risk register for years without being reviewed.